

FEB 25 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1220

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 4123, Trass (anti assess))

Registration District No. 399
Primary Registration District No. 1002

File No. 12
Registered No. 12
St. Ward

2. FULL NAME

Clifford C Shaw
(a) Residence, No. 3838 Harrison St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1909

7. AGE YEARS 27 MONTHS 2 DAYS 29 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jones Store Co
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Junction City

13. NAME Robert J Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ledgewood

15. MAIDEN NAME Jane Frances Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru

17. INFORMANT (ADDRESS) Beaumont J Shaw
6139

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Jan 4 1937

19. UNDERTAKER (ADDRESS) Shaw & Baker

20. FILED 1-2 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/37, 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 12/19/36 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Automobile Traumatism Date of onset

Fracture of the skull

Other contributory causes of importance:

2/10/37

Name of operation Gilbert Date 1/1/37

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes, violent or all in also the following: Accident, suicide, or homicide Yes Date of injury 1/1/37

Where did injury occur? 2107 North 1st St

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision of Motor Cars

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes

(Signed) W. H. Baker M. D.

(Address) 1000

